

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
REVISED EFFECTIVE DECEMBER 1, 1999**

**GUIDELINE NUMBER 21 - DIAGNOSIS AND TREATMENT OF NECK AND
BACK (SPINAL) INJURIES**

**CONSERVATIVE OUTPATIENT TREATMENT
(FROM 7 TO 12 WEEKS FROM DATE OF INJURY)**

I. Background:

- A. The guideline for diagnosis and treatment of spinal injuries is a consensus document, not a scientific treatise on the subject. It is understood that a certain number of injured employees treated under Guideline Number 20 will require continued care.
- B. This guideline is meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside this guideline and require review on a case by case basis.

II. Inclusions/Qualifications :

- A. Persistent patient conditions for entry into this guideline:
 - 1. Return to part or full time work with limiting symptoms
 - 2. Symptoms unimproved over 3 weeks with treatment
 - 3. Not back to work with symptoms (supported by objective findings)
 - 4. Symptoms over 2 weeks without treatment

III. Diagnostic and Treatment Measures (From 7 to 12 weeks from date of injury):

- A. Diagnostic Tests - **Allowed** (unless previously taken)
 - 1. X- rays:
 - a. Back - Maximum 4 views (one study Allowed)
 - b. Neck - Maximum 5 views (one study Allowed)
 - 2. FCE or WCE (one study Allowed):
Must be supported by objective findings and measurements
- B. Diagnostic Tests - **Not Allowed**
 - 1. CT, MRI, Bone Scan*
 - 2. Computer Back Testing (CBT)
 - 3. All EMG and Nerve Conduction Studies
 - 4. Thermogram
 - 5. Myelogram
 - 6. Evoked Potentials

***Exception:** An MRI, CT Scan or Bone Scan (one study) is Allowed under the following circumstances:

- 1. an emergency, serious, underlying medical condition; **or**
- 2. physiological evidence of neurological dysfunction; **or**
- 3. failure to progress or respond

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C. Outpatient treatment - *Allowed* (within scope of license)

1. Medical office treatment sessions- maximum 2 visits between weeks 7 and 12
2. Occupational therapy treatment sessions - maximum 10 visits between week 7 and 12
3. Physical therapy treatment sessions- maximum 10 visits between weeks 7 and 12
4. Chiropractic treatment sessions- maximum 10 visits between weeks 7 and 12
5. Prescribed non-narcotic analgesics, muscle relaxants, non-steroidal anti-inflammatory agents
6. Traction (Neck)
7. Trigger point injection - Maximum of one between weeks 7 and 12 only
8. Manual therapy/spinal adjustment/ manipulation
9. Physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flourimethane) - maximum of 1 **Allowed** per treatment session

D. Inpatient treatment - *Not Allowed*

E. Outpatient treatment procedures - *Not Allowed*

1. Scheduled narcotic medication
2. Spinal Traction (back)
3. TENS
4. Physical agents (heat/cold, electrical stimulation, iontophoresis/phonophoresis, ultrasound, flourimethane)- **Not Allowed** as the only treatment

F. Patient education and activities of daily living, joint protection techniques and monitored exercise - encouraged

G. Activity - formal employer contact for transitional/modified work availability- encouraged

1. **For patients treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine, and chiropractic), similar services should *not* be duplicated.**
2. **For treatment beyond 12 weeks from date of injury, see Guideline Numbers 26 or 27.**